MGK®
McLAUGHLIN GORMLEY KING COMPANY
8810 Tenth Avenue North • Minneapolis, MN 55427-4319 U.S.A.
763-544-0341 • 800-645-6466 • Fax 763-544-6437 • www.mgk.com

I023098

By Certified Mail
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July 28, 2011

Document Process Desk
FIFRA Section 6(a)(2)
Office of Pesticide Programs (7504P)
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue N.W.
Washington, DC 20460

SUBMITTED PURSUANT TO FIFRA § 6(a)(2)

Dear Sir or Madam:

I enclose Voluntary Industry Reporting Forms for 6(a)(2) Incident Information. Please note the following:

Submitter:	McLaughlin Gormley King Company
Registrant:	McLaughlin Gormley King Company
Date Transmitted to EPA:	July 28, 2011

Please contact me if you have any questions.

Very truly yours,

Janice K. Sharp, Ph.D.
Regulatory Dept. Manager

JKS/mn

Personal privacy information

-001

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID *799309*
	Address *New York, NY* *USA*		Address	
	Phone # [redacted]		Phone #	
	Incident Status: *New*	Location and date of incident *New York, NY* *USA* *Chronic: >1 week<= 1 month*	Date registrant became aware of incident. *06/06/2011*	Was incident part of larger study? *No*
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *1021-1767*	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) *Sumithrin, N-Octyl bicycloheptene dicarboximide*	A.I. (s)	A.I. (s)	
	Product 1 name *Bedlam Bed Bug Spray*	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	Applicator certified? *UNK*			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***			

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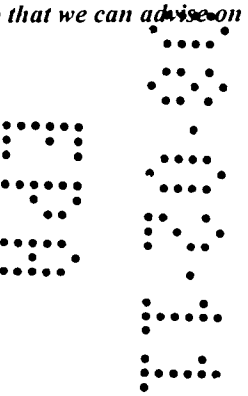
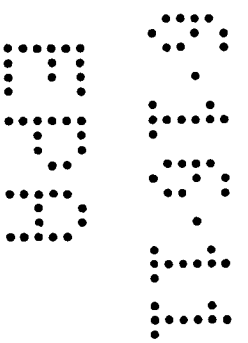
Brief description of incident circumstances.

Ferguson, Anna Jun 6 2011 12:03PM
Hx: Caller states that she has been spraying the product in her bedroom since 5/6/11. She has gone through 4 1/2 containers. About 1 month ago (unsure when), she developed bumpy itchy rash on her neck. This currently persists.

A: This is not an expected effect of using the product per label instructions. Recommend d/c use and washing exposed skin thoroughly. Wash treated surfaces with soap and water and ventilate area. Skin may be treated with cold compress/vit E oil/aloe lotion/hydrocotrisone cream. If sx persist or worsen, seek medical attention. If any new or unexpected symptoms develop or the symptoms are not improving or resolving as we have discussed, please contact us 24/7 so that we can advise on further treatment or determine if referral to a healthcare professional might be needed.





Demographic information: Age: ***46 Year(s)*** Sex: ***Female*** Occupation (if relevant) ***NA***	Exposure route: ***Unknown route***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NO***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***30 min or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***None***	List signs/symptoms/adverse effects ***Dermatological-Pruritus (itching)*** ***Dermatological-Rash***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Chronic: >1 week<= 1 month*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
799309

Personal privacy information

-002

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID *799774*
	Address *MO* *USA*		Address	
	Phone # [redacted]		Phone #	
	Incident Status: *New*	Location and date of incident *MO* *USA* *Unknown*	Date registrant became aware of incident. *06/07/2011*	Was incident part of larger study? *No*

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *1021-1623-2596*	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) *Pyrethrins, Permethrin, MGK 264, Pyriproxifen*	A.I. (s)	A.I. (s)
	Product 1 name *HARTZ UltraGuard Plus Flea & Tick Home Fogger*	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? *Yes* Intentional misuse? *No* Applicator certified? *UNK*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). *Own Residence*	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). *See Incident Description Notes*
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) *See Incident Description Notes*		

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Brief description of incident circumstances.

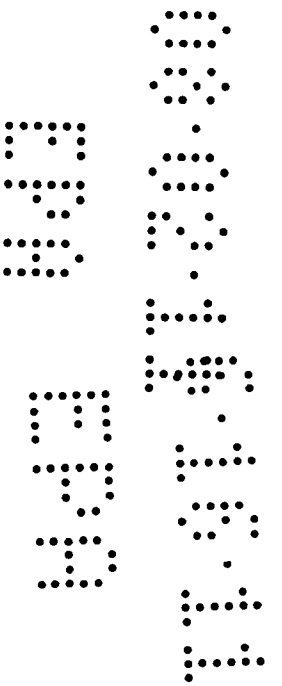
Seaverson, Ryan Jul 21 2011 11:09AM
The following was forwarded to SCI from MGK for documentation:

==========

6/7/2011 3:21:26 PM UG Flea & Tick Fogger
UPC: NA by caller
Lot#: AX36011242
Hartz: 265021

Hx:
- Caller is a nurse from the ER. His patient is a 77yo male who was sleeping and someone set off 3 foggers in his home. He woke up to sxs of labored breathing, redness on the skin on his arms, sore throat, and numb lips. They brought him to the ER and his sxs are improving. He just wants to know what else to look for.

A:
- Inhalation of this product may lead to irritation of the eyes and upper respiratory tract as well as nausea, cough, headache, difficulty breathing, and shortness of breath.
- Adverse health effects are typically limited to the upper respiratory tract and resolve without affecting other body functions.
- Now that he is removed from the source of the fumes and placed in an area with fresh air and adequate ventilation, his sxs should resolve.
- CB prn.



Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: *77 Year(s)* Sex: *Male* Occupation (if relevant) *NA*	Exposure route: ***Inhalation/Respiratory***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? *No*	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? *NA*	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: *NA*	Time between exposure and onset of symptoms: ***Unable to determine***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***ER/Hospital-Unknown disposition***	List signs/symptoms/adverse effects ***Dermatological-Erythema/Flushed*** ***Neurological-Numbness*** ***Gastrointestinal-Throat Irritation*** ***Respiratory-Labored breathing***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: *NA* Amount of pesticide: *NA* Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #:
799774

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Personal privacy information

-003

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID *801122*
	Address *FIVE POINTS, NM 87121* *USA*		Address	
	Phone # ([redacted]		Phone #	
	Incident Status: *New*	Location and date of incident *FIVE POINTS, NM* *USA* *Chronic: >1 week<= 1 month*	Date registrant became aware of incident. *06/09/2011*	Was incident part of larger study? *No*

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *1021-1674-8845*	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)	A.I. (s)
	Product 1 name ***Hot Shot Bedbug and Flea Fogger***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	Applicator certified? *UNK*		
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

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Brief description of incident circumstances.

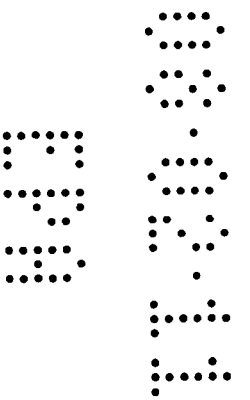
Seaverson, Ryan Jul 21 2011 10:58AM
The following was forwarded to SCI from MGK for documentation:

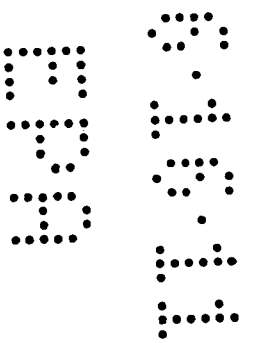
Mark Kole 06/09/11 10:20
S: Caller was using the Hot Shot Bedbug and Flea Fogger 1.5 weeks ago. He used a total of 3 cans. The product was used
according to labeled instructions. The caller is now having hives every time he puts on his clothes that were exposed to the
fogger they go away every time he takes his clothes off. The hives are primarily on his abdomen.

O: SX: Hives

A: Acute on chronic dermal exposure to Hot Shot Bedbug and Flea Fogger, SX

R: Recommend washing skin for 15 - 20 minutes
Wash clothing that was exposed
Monitor for dermal irritation
Call back with any persistent symptoms, questions, or concerns





Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***35 Year(s)*** Sex: ***Male*** Occupation (if relevant) ***NA***	Exposure route: ***Dermal***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NA***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***24 hrs or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***None***	List signs/symptoms/adverse effects ***Dermatological-Hives/Welts***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Chronic: >1 week<= 1 month*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
801122

Personal privacy information

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID *805777*
	Address [redacted] *Santa Ana, CA 92704* *USA*		Address	
	Phone # ([redacted]		Phone #	
	Incident Status: *New*	Location and date of incident *Santa Ana, CA* *USA* *06/18/2011*	Date registrant became aware of incident. *06/18/2011*	Was incident part of larger study? *No*

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *1021-1855-79529*	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) *Pyrethrins, Prallethrin, Cypermethrin*	A.I. (s)	A.I. (s)
	Product 1 name ***BLACK FLAG One Shot Ant & Roach Killer***	Product 2 Name ***Unknown Raid Product***	Product 3 Name
	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution?
	Formulation	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No* Applicator certified? *UNK*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Brief description of incident circumstances.

Swedlund, Christy Jun 18 2011 11:56AM
Hx: Caller states that he sprayed the product in the home and outside 4 hours ago. His wife is itching all over her body. She did not come in direct contact with this product.

A: Product has a wide margin of safety. Have your wife take a shower and then apply pure VIT E oil to her skin. Some people may experience slight skin irritation if the product comes into contact. This is transient and is not expected to be systemic. May need to consider other causes. If any new or unexpected symptoms develop or the symptoms are not improving or resolving as we have discussed, please contact us 24/7 and refer to your reference number so that we can advise on further treatment or determine if referral to a healthcare professional might be needed.
* * * * * * * * * * * * * * * * * *

Lane, Erin Jun 19 2011 12:01AM
Hx: CB from [redacted] His wife's symptoms have not improved, and now she had hives and erythema over about 50% of her body.

Caller states that he had also sprayed a Raid product this morning.

A: Rec. MD attention due to persistent symptoms.
* * * * * * * * * * * * * * * * * *

Rinerson, Andy Jun 19 2011 6:18PM
F/U: Caller reports that his wife's symptoms have not gotten much better. Caller reports that his wife's arms and back are still red, but that she has been scratching at her back 'a lot'. Caller reports that they did not seek medical attention yesterday. Caller reports that his wife also has a productive cough for a cold that she has had for several weeks, with green and yellow phlegm. Caller reports that his wife has had similar reactions in the past, but they are not completely sure as to what. Caller reports that they are hesitant to be seen in an ED, as they were told in the past that his wife was not having a serious reaction. Caller also reports that his wife is complaining of trouble swallowing. Caller wants to know what his wife can do at home for her symptoms.

A: Advised caller that his wife should keep her skin clean and dry to facilitate healing, to use Vitamin E oil prn and to use a hydrocortisone cream prn. Advised caller that the symptoms he describes may be indicative of a serious medical condition, and that his wife should be evaluated by a physician. Advised caller that it may be a good idea to have his wife allergy tested as well. Advised caller to call back as needed if they require further product information.
* * * * * * * * * * * * * * * * * *

Sioris, Kelly Jun 20 2011 11:12AM
Reviewed.
* * * * * * * * * * * * * * * * * *

Yeager, Greg Jun 22 2011 3:56PM
PJV case

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***28 Year(s)*** Sex: ***Female*** Occupation (if relevant) ***NA***	Exposure route: ***Unknown route***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***No***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***8 hrs or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***None***	List signs/symptoms/adverse effects ***Dermatological-Erythema/Flushed*** ***Dermatological-Hives/Welts*** ***Dermatological-Pruritus (itching)*** ***Dermatological-Tingling*** ***Gastrointestinal-Throat Irritation***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
805777

Personal privacy information

-005

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID *808585*
	Address *Cumming, GA* *USA*		Address	
	Phone # [redacted]		Phone #	
	Incident Status: *New*	Location and date of incident *Cumming, GA* *USA* *Unknown*	Date registrant became aware of incident. *06/24/2011*	Was incident part of larger study? *No*
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *1021-1600-59144*	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) *Di-n-propyl isocinchomeronate, N-Octyl bicycloheptene dicarboximide, DEET*	A.I. (s)	A.I. (s)	
	Product 1 name *Prevent! Mosquito Repellent*	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). *Own Residence*	Situation (act of using product): (examples include mixing/loading, recirculating, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). *See Incident Description Notes*	
	Applicator certified? *UNK*			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) *See Incident Description Notes*			

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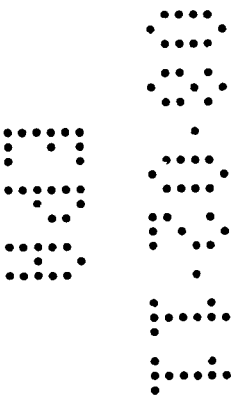
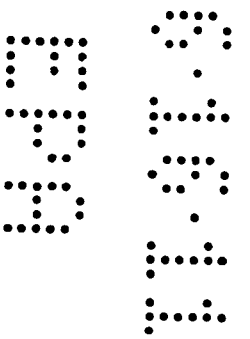
Brief description of incident circumstances.

Welch, Sherry Jun 24 2011 4:58AM
021496 283579

Hx: Product was sprayed on caller's daughter's arms and legs lat week (caller doesn't remember which days) and also during the morning on 6/22. A small rash developed last weekend, and has spread to her arms and legs. One leg feels warm and is swollen. Francesca went to the doctor on Tuesday or Wednesday (6/22). Dr. prescribed 1% hydrocortisone. She is not improving

A: Correlation between product and adverse reaction cannot be definitively made, based on this history. Recommended discontinuing product. Since child is not improving, she should be re-evaluated by her health care provider. Recommended cool bath (can added oatmeal bath treatment, e.g., Aveeno). After bathing put on hydrocortisone cream. Call doctor as soon as they open. Provided reference number in case there are further questions.





Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: *7 Year(s)* Sex: ***Female*** Occupation (if relevant) *NA*	Exposure route: ***Dermal***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? *No*	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? *NO*	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: *NA*	Time between exposure and onset of symptoms: ***Unable to determine***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***Private MD/DVM-treated & released***	List signs/symptoms/adverse effects ***Dermatological-Edema/Swelling*** ***Dermatological-Pruritus (itching)*** ***Dermatological-Rash***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: *NA* Amount of pesticide: *NA* Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
808585

Personal privacy information

-006

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID *807316*
	Address ***Bessemer, AL*** ***USA***		Address	
	Phone # [redacted]		Phone #	
	Incident Status: *New*	Location and date of incident ***Bessemer, AL*** ***USA*** ***06/16/2011***	Date registrant became aware of incident. ***06/21/2011***	Was incident part of larger study? *No*
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***1021-1587-68543***	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) ***tetramethrin, D-phenothrin***	A.I. (s)	A.I. (s)	
	Product 1 name ***Bingo Bug Spray***	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	Applicator certified? *UNK*			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***			

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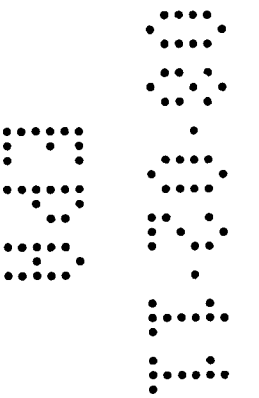
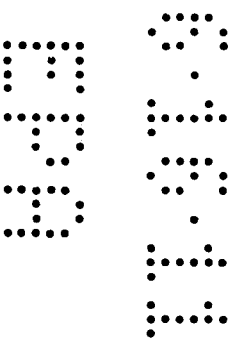
Brief description of incident circumstances.

Gomez, Maria Jun 21 2011 4:25PM
Hx: The caller reports that she is living with a friend temporarily. On 6/16/11, he applied the product to the garbage cans, around the kitchen table, the sink, and in her bedroom. Later that night, she became itchy all over her body and started having trouble breathing. She immediately went to the ER where the Physician thought she may be having a reaction to the medications she had recently been placed on (Prednisone, Clindamycin, Sulindac). She was given an injection of an unk medication and her signs have much improved. She saw her regular Physician today and he has taken her off of the Sulindac. She wants to know if the product could have caused the signs she described.

A: The product is not anticipated to cause a health problem, but an aerosol product may exacerbate your respiratory issues and should be used with caution. I rec to continue your Physician's recommendations and CB or have him/her call with any further concerns. Gave case #.





Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***59 Year(s)*** Sex: ***Female*** Occupation (if relevant) ***NA***	Exposure route: ***Unknown route***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NO***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***Unable to determine***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***ER/Hospital-treated & released***	List signs/symptoms/adverse effects ***Dermatological-Pruritus (itching)*** ***Respiratory-Dyspnea/Shortness of Breath***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
807316

Personal privacy information

-007

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID *808771-1*
	Address [redacted] *Lakeside, CA 92040* *USA*		Address	
	Phone # [redacted]		Phone #	
	Incident Status: *New*	Location and date of incident *Lakeside, CA* *USA* *01/24/2011*	Date registrant became aware of incident. *06/24/2011*	Was incident part of larger study? *No*

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *1021-1767*	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) *Sumithrin, N-Octyl bicycloheptene dicarboximide*	A.I. (s)	A.I. (s)
	Product 1 name *Bedlam Bed Bug Spray*	Product 2 Name *Transport termicide insecticide manufactured by FMC Corporation*	Product 3 Name
	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution?
	Formulation	Formulation	Formulation

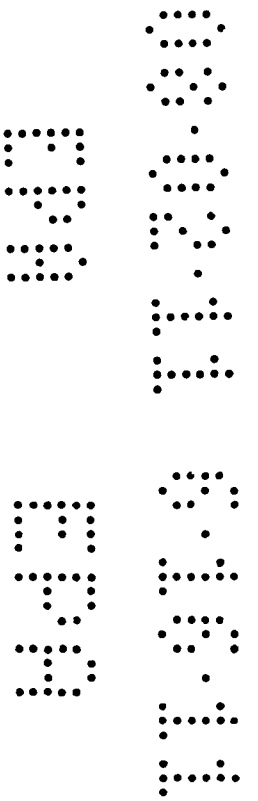
Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). *Own Residence*	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). *See Incident Description Notes*
	Applicator certified? *UNK*		
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) *See Incident Description Notes*		

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information
Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Brief description of incident circumstances.

Karnes, Megan Jun 24 2011 1:04PM
Caller states that her apartment was sprayed with the product on Jan 28th 2011. At the same time, another product called 'Transport' termiticide insecticide manufactured by FMC Corporation was also sprayed. On the 4th of February she developed flu like sxs, nausea, vomiting, hyperthermia and didn't want to eat. The building owner had contracted with a company to spray the building for bed bugs. Caller states that they oversprayed as her couch was 'sopping wet' and they did not ventilate the area before her family returned to the area. Her whole family ended up developing similar sxs. Her neighbor's family experienced similar sxs around the same time frame. Her husband became ill on Feb 8, 9 and 10 with temperature, vomiting, malaise, and anorexia. [redacted] became ill on Feb 6th with the same sxs. He missed school on Feb 7th, 8th, and 9th. [redacted] became ill on the 7th of Feb. She missed school on Feb 7th, 8th, 9th. [redacted] became ill on Feb 9th, 10th and she went to emergency room on Feb 11th for flu-like sxs. Caller states she will have her neighbor call to report her sxs as well.

A: These are not sxs that we would expect to see with the routine use of the product. I will document your sxs and ensure that this gets reported. We appreciate you taking the time to report this. The company takes these reports very seriously and we will be sure to pass the information along.
* * * * * * * * * * * * * * * * * *
Sioris, Kelly Jun 24 2011 3:14PM
Reviewed.



Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 38 Year(s) Sex: Female
Occupation (if relevant)
NA</td><td>Exposure route:
Inhalation/Respiratory</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NO</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
1 week or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
None</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Gastrointestinal-Anorexia
Gastrointestinal-Nausea
Gastrointestinal-Vomiting
Miscellaneous-Fever/hyperthermia</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
608771-1</td></tr>
</table>

22

Personal privacy information

part of - 007

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

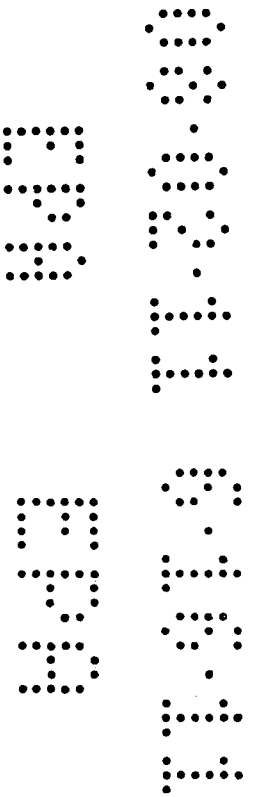
Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID *808771-2*
	Address [redacted] *Lakeside, CA 92040* *USA*		Address	
	Phone # [redacted]		Phone #	
	Incident Status: *New*	Location and date of incident *Lakeside, CA* *USA* *06/24/2011*	Date registrant became aware of incident. *06/24/2011*	Was incident part of larger study? *No*
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *1021-1767*	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) *Sumithrin, N-Octyl bicycloheptene dicarboximide*	A.I. (s)	A.I. (s)	
	Product 1 name *Bedlam Bed Bug Spray*	Product 2 Name *Transport termicide insecticide manufactured by FMC Corporation*	Product 3 Name	
	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). *Own Residence*	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). *See Incident Description Notes*	
	Applicator certified? *UNK*			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) *See Incident Description Notes*			

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Brief description of incident circumstances.

Karnes, Megan Jun 24 2011 1:04PM
Caller states that her apartment was sprayed with the product on Jan 28th 2011. At the same time, another product called 'Transport' termiticide insecticide manufactured by FMC Corporation was also sprayed. On the 4th of February she developed flu like sxs, nausea, vomiting, hyperthermia and didn't want to eat. The building owner had contracted with a company to spray the building for bed bugs. Caller states that they oversprayed as her couch was 'sopping wet' and they did not ventilate the area before her family returned to the area. Her whole family ended up developing similar sxs. Her neighbor's family experienced similar sxs around the same time frame. Her husband became ill on Feb 8, 9 and 10 with temperature, vomiting, malaise, and anorexia. [redacted] became ill on Feb 6th with the same sxs. He missed school on Feb 7th, 8th, and 9th. [redacted] became ill on the 7th of Feb. She missed school on Feb 7th, 8th, 9th. [redacted] became ill on Feb 9th, 10th and she went to emergency room on Feb 11th for flu-like sxs. Caller states she will have her neighbor call to report her sxs as well.

A: These are not sxs that we would expect to see with the routine use of the product. I will document your sxs and ensure that this gets reported. We appreciate you taking the time to report this. The company takes these reports very seriously and we will be sure to pass the information along.
* * * * * * * * * * * * * * * * * *
Sioris, Kelly Jun 24 2011 3:14PM
Reviewed.



Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***40 Year(s)*** Sex: ***Male*** Occupation (if relevant) ***NA***	Exposure route: ***Inhalation/Respiratory***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NA***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***1 month or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***None***	List signs/symptoms/adverse effects ***Gastrointestinal-Anorexia*** ***Gastrointestinal-Nausea*** ***Miscellaneous-Fever/hyperthermia*** ***Miscellaneous-Malaise***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
8087712

Personal privacy information

part of -007

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

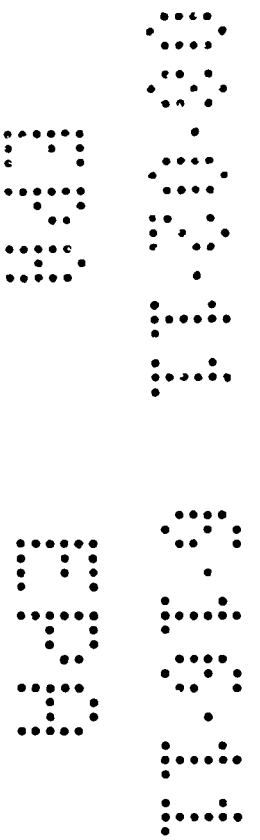
Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID *808771-3*
	Address [redacted] ***Lakeside, CA 92040*** ***USA***		Address	
	Phone # [redacted]		Phone #	
	Incident Status: *New*	Location and date of incident ***Lakeside, CA*** ***USA*** ***01/24/2011***	Date registrant became aware of incident. ***06/24/2011***	Was incident part of larger study? *No*
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***1021-1767***	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) ***Sumithrin, N-Octyl bicycloheptene dicarboximide***	A.I. (s)	A.I. (s)	
	Product 1 name ***Bedlam Bed Bug Spray***	Product 2 Name ***Transport termicide insecticide manufactured by FMC Corporation***	Product 3 Name	
	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	Applicator certified? ***UNK***			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***			

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Brief description of incident circumstances.

Karnes, Megan Jun 24 2011 1:04PM
Caller states that her apartment was sprayed with the product on Jan 28th 2011. At the same time, another product called 'Transport' termiticide insecticide manufactured by FMC Corporation was also sprayed. On the 4th of February she developed flu like sxs, nausea, vomiting, hyperthermia and didn't want to eat. The building owner had contracted with a company to spray the building for bed bugs. Caller states that they oversprayed as her couch was 'sopping wet' and they did not ventilate the area before her family returned to the area. Her whole family ended up developing similar sxs. Her neighbor's family experienced similar sxs around the same time frame. Her husband became ill on Feb 8, 9 and 10 with temperature, vomiting, malaise, and anorexia. [redacted] became ill on Feb 6th with the same sxs. He missed school on Feb 7th, 8th, and 9th. [redacted] became ill on the 7th of Feb. She missed school on Feb 7th, 8th, 9th. [redacted] became ill on Feb 9th, 10th and she went to emergency room on Feb 11th for flu-like sxs. Caller states she will have her neighbor call to report her sxs as well.

A: These are not sxs that we would expect to see with the routine use of the product. I will document your sxs and ensure that this gets reported. We appreciate you taking the time to report this. The company takes these reports very seriously and we will be sure to pass the information along.
* * * * * * * * * * * * * * * * * *
Sioris, Kelly Jun 24 2011 3:14PM
Reviewed.



Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 6 Year(s) Sex: Male
Occupation (if relevant)
NA</td><td>Exposure route:
Inhalation/Respiratory</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NA</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
1 month or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
None</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Gastrointestinal-Anorexia
Gastrointestinal-Nausea
Miscellaneous-Fever/hyperthermia
Miscellaneous-Malaise</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID # 908771-3</td></tr>
</table>

Personal privacy information

part of -007

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID *808771-4*
	Address [redacted] *Lakeside, CA 92040* *USA*		Address	
	Phone #[redacted]		Phone #	
	Incident Status: *New*	Location and date of incident *Lakeside, CA* *USA* *01/24/2011*	Date registrant became aware of incident. *06/24/2011*	Was incident part of larger study? *No*

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *1021-1767*	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) ***Sumithrin, N-Octyl bicycloheptene dicarboximide***	A.I. (s)	A.I. (s)
	Product 1 name ***Bedlam Bed Bug Spray***	Product 2 Name ***Transport termicide insecticide manufactured by FMC Corporation***	Product 3 Name
	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution?
	Formulation	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	Applicator certified? *UNK*		
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

Brief description of incident circumstances.

Karnes, Megan Jun 24 2011 1:04PM
Caller states that her apartment was sprayed with the product on Jan 28th 2011. At the same time, another product called 'Transport' termiticide insecticide manufactured by FMC Corporation was also sprayed. On the 4th of February she developed flu like sxs, nausea, vomiting, hyperthermia and didn't want to eat. The building owner had contracted with a company to spray the building for bed bugs. Caller states that they oversprayed as her couch was 'sopping wet' and they did not ventilate the area before her family returned to the area. Her whole family ended up developing similar sxs. Her neighbor's family experienced similar sxs around the same time frame. Her husband became ill on Feb 8, 9 and 10 with temperature, vomiting, malaise, and anorexia. [redacted] became ill on Feb 6th with the same sxs. He missed school on Feb 7th, 8th, and 9th. [redacted] became ill on the 7th of Feb. She missed school on Feb 7th, 8th, 9th. [redacted] became ill on Feb 9th, 10th and she went to emergency room on Feb 11th for flu-like sxs. Caller states she will have her neighbor call to report her sxs as well.

A: These are not sxs that we would expect to see with the routine use of the product. I will document your sxs and ensure that this gets reported. We appreciate you taking the time to report this. The company takes these reports very seriously and we will be sure to pass the information along.
* * * * * * * * * * * * * * * * * *
Sioris, Kelly Jun 24 2011 3:14PM
Reviewed.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***8 Year(s)*** Sex: ***Female*** Occupation (if relevant) ***NA***	Exposure route: ***Inhalation/Respiratory***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NO***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***1 month or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***None***	List signs/symptoms/adverse effects ***Gastrointestinal-Anorexia*** ***Gastrointestinal-Nausea*** ***Gastrointestinal-Vomiting*** ***Miscellaneous-Fever/hyperthermia*** ***Miscellaneous-Malaise***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
808771-4

Personal privacy information

part of -007

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID *808771-5*
	Address [redacted] ***Lakeside, CA 92040*** ***USA***		Address	
	Phone # ([redacted]		Phone #	
	Incident Status: *New*	Location and date of incident ***Lakeside, CA*** ***USA*** ***01/24/2011***	Date registrant became aware of incident. ***06/24/2011***	Was incident part of larger study? *No*
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***1021-1767***	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) ***Sumithrin, N-Octyl bicycloheptene dicarboximide***	A.I. (s)	A.I. (s)	
	Product 1 name ***Bedlam Bed Bug Spray***	Product 2 Name ***Transport termicide insecticide manufactured by FMC Corporation***	Product 3 Name	
	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	Applicator certified? ***UNK***			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***			

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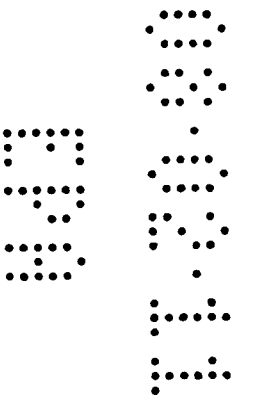
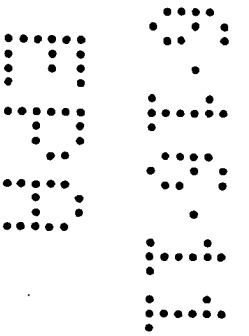
Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Brief description of incident circumstances.

Karnes, Megan Jun 24 2011 1:04PM
Caller states that her apartment was sprayed with the product on Jan 28th 2011. At the same time, another product called 'Transport' termiticide insecticide manufactured by FMC Corporation was also sprayed. On the 4th of February she developed flu like sxs, nausea, vomiting, hyperthermia and didn't want to eat. The building owner had contracted with a company to spray the building for bed bugs. Caller states that they oversprayed as her couch was 'sopping wet' and they did not ventilate the area before her family returned to the area. Her whole family ended up developing similar sxs. Her neighbor's family experienced similar sxs around the same time frame. Her husband became ill on Feb 8, 9 and 10 with temperature, vomiting, malaise, and anorexia. [redacted] became ill on Feb 6th with the same sxs. He missed school on Feb 7th, 8th, and 9th. [redacted] became ill on the 7th of Feb. She missed school on Feb 7th, 8th, 9th. [redacted] became ill on Feb 9th, 10th and she went to emergency room on Feb 11th for flu-like sxs. Caller states she will have her neighbor call to report her sxs as well.

A: These are not sxs that we would expect to see with the routine use of the product. I will document your sxs and ensure that this gets reported. We appreciate you taking the time to report this. The company takes these reports very seriously and we will be sure to pass the information along.
* * * * * * * * * * * * * * * * * *
Sioris, Kelly Jun 24 2011 3:14PM
Reviewed.





Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 1 Year(s) Sex: Female
Occupation (if relevant)
NA</td><td>Exposure route:
Inhalation/Respiratory</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NO</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
1 month or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
ER/Hospital-treated & released</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Gastrointestinal-Anorexia
Gastrointestinal-Nausea
Miscellaneous-Fever/hyperthermia
Miscellaneous-Malaise</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
80877125</td></tr>
</table>

Personal privacy information

-009

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID *811245*
	Address *Chatanooga, TN* *USA*		Address	
	Phone # [redacted]		Phone #	
	Incident Status: *New*	Location and date of incident *Chatanooga, TN* *USA* *06/28/2011*	Date registrant became aware of incident. *06/29/2011*	Was incident part of larger study? *No*

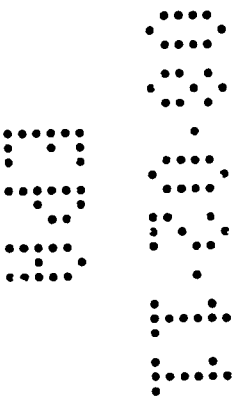
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *1021-1855-506*	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) *Pyrethrins, Prallethrin, Cypermethrin*	A.I. (s)	A.I. (s)
	Product 1 name *TAT Power-Jet Stream with Residual Action*	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation	Formulation	Formulation

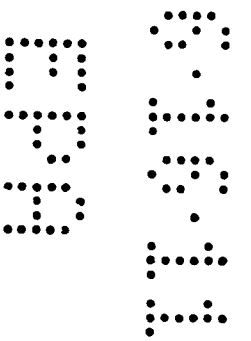
Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). *Own Residence*	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). *See Incident Description Notes*
	Applicator certified? *UNK*		
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) *See Incident Description Notes*		

Brief description of incident circumstances.

Ferguson, Anna Jun 29 2011 9:51AM
Hx: Caller states that she picked up a product container yesterday, at which time product 'dripped' out of the container, and somehow got into her mouth (caller is unclear on how this happened). She developed numbness in her tongue, and is currently having numbness in her arm.

A: The product may be irritating to the mouth or upsetting to the stomach, but is not expected to cause dermal sx unless in contact with skin. Recommend contacting MD to r/o other possible causes. Cb any time for further assistance.





Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***25 Year(s)*** Sex: ***Female*** Occupation (if relevant) ***NA***	Exposure route: ***Ingestion/oral***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NO***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***Unable to determine***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***Private MD/DVM-unknown disposition***	List signs/symptoms/adverse effects ***Neurological-Numbness***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
811245